

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000037985

Entity Name: PAUL J. SKIPPER, INC.

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

255 COREY AVENUE  
ST.PETE BEACH, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 67128  
ST.PETE BEACH, FL 33736 US

**New Mailing Address:**

FEI Number: 59-3183449

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SKIPPER, PAUL J  
255 COREY AVENUE  
ST. PETE BEACH, FL 33736 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PDRA  
Name: SKIPPER, PAUL J  
Address: 255 COREY AVE.  
City-St-Zip: ST. PETE BEACH, FL

Title: VP  
Name: SKIPPER, PAUL J JR  
Address: 255 COREY AVENUE  
City-St-Zip: SAINT PETERSBURG, FL 33706

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAUL J. SKIPPER

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04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date